

SAFE DRINKING WATER STATE REVOLVING FUND LOAN PRE-APPLICATION

For the placement of a water system on the Priority List
See instructions on back of sheet.

FOR DHS USE ONLY

Project No.: ____ - ____ - ____ Category: _____

Rater: _____ Date Received: _____

Official Water

System Name: _____ System ID No.: ____ - ____ - ____ - ____ - ____ - ____

Population Served: _____ Est. MHI _____ County (where physically located): _____

- State Revolving Fund loans are intended to be used to fund improvements to community water systems, both public and private, and nonprofit noncommunity water systems. **Federally owned systems or for-profit noncommunity water systems are ineligible for SDWSRF assistance.**
- Check the box which best describes the ownership of your water system:
☐ Community (*Publicly owned*) ☐ Community (*Private Ownership*) ☐ Non-community Non-profit
- Identify your system's problem(s). (Attach documentation if available; refer to instructions.)

- Describe your project to correct the problem(s) noted above. _____

- Project involves:
☐ Refinance of projects started after 7/1/93 (Public WS only) ☐ Study to determine cause of problem ☐ Design to solve problem ☐ Construction ☐ Other
- Estimated amount of SRF funding requested \$ _____ Total other funding required: \$ _____
- Will this project involve a consolidation with another water system? ☐ Yes ☐ No
☐ Physical consolidation ☐ Managerial/ Financial
- Desired fiscal year (FY) of project initiation : ☐ 01/02 ☐ 02/03 ☐ 03/04 ☐ 04/05

Please type or print legibly. All correspondence regarding this pre-application will be sent to the individual named below. You will receive a written acknowledgement of the receipt of the pre-application.

Signature of Representative _____

Printed Name of Representative _____

Name of Company or Water System _____

Mailing Address: (street) _____ (city) _____ (state) _____ (zip code) _____

Phone Number: (area code) _____

FAX Number: (area code) _____

Date _____

SEND TO:

OR FAX TO: